

B 5 (Official Form 5) (12/07)

UNITED STATES BANKRUPTCY COURT		INVOLUNTARY PETITION
IN RE (Name of Debtor - If Individual: Last, First, Middle) REGINALD CUPID NOBLE	ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.) REGINALD NOBLE, REGINALD C. NOBLE, NOBLE, REGINALD C., ;Reginald; Noble, REGINALD CUPID NOBLE INCORPORATED, NOBLE JUDAH ALI-BEY, Ali Bey, Noble-Judah	
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If none, then enter none all.): [REDACTED]	MAILING ADDRESS OF DEBTOR (If different from street address)	
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) % 1533 Orland Street Philadelphia Pennsylvania 19126-9998	COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Philadelphia	
ZIP CODE 19126	ZIP CODE	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses) United States Independent Treasury-ss Postal accounts,		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11		
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) a state controlled trust corporation	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.	FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)		
Name of Debtor REGINALD NOBLE-ss-trust corporation	Case Number	Date
Relationship Postal Depository	District	Judge
ALLEGATIONS (Check applicable boxes) 1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		COURT USE ONLY <div style="border: 1px solid black; padding: 10px; text-align: center;"> SEP 15 2016 </div>

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Name of Debtor REGINALD CUPID NOE

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<div style="display: flex; justify-content: space-between;"> <div> <p>x <u>Judah A. Bey Isra'el</u></p> <p>Signature of Petitioner or Representative (State title)</p> <p>Judah A. Bey Isra'el General Executor</p> </div> <div> <p>09/01/2016</p> <p>Date Signed</p> </div> </div> <div style="margin-top: 10px;"> <p>Name of Petitioner</p> <p>Name & Mailing Address of Individual</p> <p>Signing in Representative Capacity</p> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>x _____</p> <p>Signature of Attorney</p> </div> <div> <p>_____</p> <p>Date</p> </div> </div> <div style="margin-top: 10px;"> <p>Name of Attorney Firm (If any)</p> <p>Address</p> <p>Telephone No.</p> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <p>x _____</p> <p>Signature of Petitioner or Representative (State title)</p> </div> <div> <p>_____</p> <p>Date Signed</p> </div> </div> <div style="margin-top: 10px;"> <p>Name of Petitioner</p> <p>Name & Mailing Address of Individual</p> <p>Signing in Representative Capacity</p> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>x _____</p> <p>Signature of Attorney</p> </div> <div> <p>_____</p> <p>Date</p> </div> </div> <div style="margin-top: 10px;"> <p>Name of Attorney Firm (If any)</p> <p>Address</p> <p>Telephone No.</p> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <p>x <u>as bey isra'el judah</u></p> <p>Signature of Petitioner or Representative (State title)</p> <p>Reginald: Noble</p> </div> <div> <p>General Executor</p> <p>09/01/2016</p> <p>Date Signed</p> </div> </div> <div style="margin-top: 10px;"> <p>Name of Petitioner</p> <p>Name & Mailing Address of Individual</p> <p>Signing in Representative Capacity</p> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>x _____</p> <p>Signature of Attorney</p> </div> <div> <p>_____</p> <p>Date</p> </div> </div> <div style="margin-top: 10px;"> <p>Name of Attorney Firm (If any)</p> <p>Address</p> <p>Telephone No.</p> </div>	
PETITIONING CREDITORS		
<p>Name and Address of Petitioner</p> <p>Reginald: Noble 1533 Orland Street Philadelphia Pa. 19126</p>	<p>Nature of Claim</p> <p>Master Account Owner</p>	<p>Amount of Claim</p> <p style="text-align: right;">\</p>
<p>Name and Address of Petitioner</p> <p>noble el, reginald cupid, cestui que trust</p>	<p>Nature of Claim</p> <p>Natural Creditor</p>	<p>Amount of Claim</p>
<p>Name and Address of Petitioner</p>	<p>Nature of Claim</p>	<p>Amount of Claim</p>
<p>Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.</p>		<p>Total Amount of Petitioners' Claims</p>

_____ continuation sheets attached

Fill in this information to identify your case:

Debtor 1	REGINALD	CUPID	NOBLE
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	NOBLE	JUDAH	ALI BEY
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the Eastern District of Pennsylvania

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: Reginald:Noble- North American Free man

☒ Surrender the property.

☒ No

Description of property: Property Located at 1907 Skippack Pike Blue Bell 19422

☐ Retain the property and redeem it.

☐ Yes

securing debt: All assets held by Social Security No. 202-40-9852/202-40-1452 First No. Never given property

☐ Retain the property and enter into a *Reaffirmation Agreement*.

☐ Retain the property and [explain]: _____

Creditor's name: Reginald:Noble- North American Free man

☒ Surrender the property.

☒ No

Description of property: All assets held by Social Security No. 202-40-9852/202-40-1452 First No.

☐ Retain the property and redeem it.

☐ Yes

securing debt:

☐ Retain the property and enter into a *Reaffirmation Agreement*.

☐ Retain the property and [explain]: _____

Creditor's name: Reginald:Noble- North American Free man

☒ Surrender the property.

☒ No

Description of property: All land and Property taken 8026 Lindbergh Blvd 19143

☐ Retain the property and redeem it.

☐ Yes

securing debt: 117 West Washington Lane 19144

☐ Retain the property and enter into a *Reaffirmation Agreement*.

☐ Retain the property and [explain]: _____

Creditor's name:

☐ Surrender the property.

☐ No

Description of property securing debt:

☐ Retain the property and redeem it.

☐ Yes

☐ Retain the property and enter into a *Reaffirmation Agreement*.

☐ Retain the property and [explain]: _____

Debtor 1 REGINALD CUPID NOBLE
First Name Middle Name Last Name

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name: Reginald Cupid Noble

☒ No

Description of leased property: Drivers License-Pennsylvania

☐ Yes

Lessor's name: Reginald Cupid Noble

☒ No

Description of leased property: Certificate of Live Birth-Pennsylvania

☐ Yes

Lessor's name: Reginald Cupid Noble

☒ No

Description of leased property: Voter Card- Pennsylvania

☐ Yes

Lessor's name: Reginald Cupid Noble

☒ No

Description of leased property: Certificate of Baptism

☐ Yes

Lessor's name: Reginald Cupid Noble

☒ No

Description of leased property: All other unidentified leases

☐ Yes

Lessor's name: Reginald Cupid Noble

☒ No

Description of leased property: Social Security Card

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

Reginald C. Noble
Signature of Debtor 1

x

Signature of Debtor 2

Date 09 09 2016
MM / DD / YYYY

Date _____
MM / DD / YYYY

This Form for Private Bankruptcy Transaction

Case No. _____

Declaration under Penalty of Perjury on Behalf of the Corporation known as REGINALD CUPID NOBLE
File Date 09/08/1950 162889-1950, ss Postal Independent Treasury Public Trust & Private Banking Indenture
Corporation, [REDACTED] see DD-214, [REDACTED]

Here is the Judgment debtor REGINALD CUPID NOBLE, as the artificially formed person, the indenture trustee and the sole official Corporate United States employee of the above named corporation has been incorporated in the State of Pennsylvania Entity No. [REDACTED] and Reginald Cupid Noble Cestui Que Trust, [REDACTED] and that this declaration is in support of the Bankruptcy Rules and guidelines being deemed filed under a Private Bankruptcy "Miscellaneous Filing" for the Involuntary Liquidation of this SS indentured account in the private between the judgment debtor, and the Judgment creditor, as the judgment debtor, I **DO NOT** give consent to the Court (per 11 USC sect 984) any jurisdiction or power to interfere with this private transaction, this is a private matter being performed to move towards completion of the ACT OF SESSION OF GOODS, to transfer all assets held by the Debtor over to the now creditor that was publicly posted and was never rebutted per the Law

I declare under penalty of perjury that I have read the form PROOF OF CLAIM which is valid and the INVOLUNTARY LIQUIDATION, and I am now filing this Chapter 7 (Seven) Individual debtor's Statement of Intention, to help complete the process, I have also reviewed all the other documents filed to support this Liquidation and Termination of the REGINALD CUPID NOBLE Social Security Postal Independent Treasury, and the Liquidation of all assets from Fidelity Investments under cusip no. 315918755, the satisfaction of all liens and judgments owed to the injured party, that was agreed by acquiesce, UCC Filing No. 201200594580MA, 12-12-22-5350-VA, all certified by the perspective States in good standings all assets from these liens are to distributed to all states equally for humanitarian purposes only, foreclosed property homelessness, roads and bridges water treatment without fluoride, other proceeds

I declare in righteousness, and spiritual belief that a Education Trust will be setup for the University of Pennsylvania, for any student in the City of Philadelphia Only, along with other Guide lines included, I/We pray that in compliance with the Bankruptcy Laws of this country and the contract Laws of Seven, it has also been found to be correct to the best of my foundational information reviewed and my beliefs, therefore it has benn determined that these documents are the correct ones to be used to terminate any and all contract with any and all corporation that have benefited from the Master Account holders Estate/Cestui Que Trust accounts, Therefore within the confounds of this Contract I/We Order the Liquidation and Termination of all henceforth.

Date: 09/09/2016

Signature:  Thump Print
REGINALD CUPID NOBLE
ss Indenture Corporation-Employee

Autograph: bey israel judah
Judah A. Bey Isra'El, CAF No.0308-29298R
General Executor/Benefactor

For the Record: 11 USC 904: Limitation on jurisdiction, and powers of the Court, notwithstanding
Unless the debtor consents or the plan so provides, the court may not, by any stay, order, or decree
In the case or otherwise, interfere with:

- (1) any of the political or governmental powers of the debtor
- (2) any of the property or revenues of the debtor: and
- (3) the debtors use or employment of any income-producing property

**Proof of Claim form attachment,
Supportive Written Claim Statement**

Case Number: _____

I am the Owner/Creditor Master Account Holder/Benefactor, over the US Independent Treasury-Social Security Postal Public Trust & Private Banking Corporation Account known as REGINALD NOBLE-Independent Treasury-Social Security "Postal Public Trust & Private Banking Corporation" Account operating under [REDACTED] all initial birthing inheritance property held in the U.S. Independent Treasury-Social Security Postal Account 202-40-9852, Trust Funds and "Special Funds" after the Involuntary Liquidation are to be released to me for my direct accessing; and

The "REGINALD NOBLE-Independent Treasury-Social Security Postal Public Trust & Private Banking Corporation" has been operating as an artificial created corporation as the debtor to me; the alive individual "OWNER/CREDITOR", this liquidating action is in full compliance with the Law as I am the Creditor and owner of this SS Account and I am over the age of 25 of which was to be termination time of this seven year governmental Social Security Contract, this contracted account has been utilized by the corporate governments to fund their State of Bankruptcy due to the fact that they can own nothing and have to zero their books every year, the corporate governments have been utilizing my corporation 's assets by way of secret liens derived from the corporate employee registration to vote thereby backing the bills and other lien and bonding instruments that they utilize (Titles, Deeds, DL, and licenses); and

All public trust corporate governmental and monetary documents in the form of; Trade acceptances, secret liens, and secret bonds under their three year FRB, wagering contracts are ordered to be brought into settlement and closed out, this also includes any and all deceptive taxing liens that have been issued; and

The man in commerce "Reginald Noble"-has quit his job as a REGINALD NOBLE, Independent Treasury-Social Security "Postal Public Trust & Private Banking Corporate employee" based on the fact that this Independent Treasury-Social Security "Postal Public Trust & Private Banking Corporation" is being ordered to be involuntarily liquidated by the Sole/Owner/Creditor, however he will be available to support the clean-up process but under the status of a non-commercial employee, he will now only be operating in private commerce, after this liquidation using real assets as the just medium of exchange; and

This liquidation of the "REGINALD NOBLE" - Independent Treasury- Social Security "Postal" Public Trust & Private Banking Corporation "Account [REDACTED]" has been ordered by the Will of the Owner/Master/Creditor of the SS "Postal Corporation" account per the necessary forms and hereby attested too by the Signature of the alive and the autograph of man of the Most High,

The is the (Order) to the World of the Dead (Artificial Creation)

11 USC 904.Limitation on Jurisdiction and Powers of The Court

Notwithstanding any power of the Court, unless the debtor consents or the plan so provides, the Court may not, by any Stay, Order, or Decree, in the Case or otherwise, **INTERFERE** with,

- (1) any of the political or governmental powers of the debtor;
- (2) any of the property or revenues of the debtor; or
- (3) the debtor's use or enjoyment of any income-producing property

Date: 09/09/2016

Seal

Autograph By: Judah A. Bey Isra'El
Judah A. Bey Isra'El, a free aboriginal Heir
General Executor/Benefactor/Authorized
Representative FOR THE REGINALD NOBLE, SSN
and the Cestui Que Trust CAF No. 0308-29298R

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: REGINALD CUPID NOBLE	Case Number:	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Noble El Divine Supreme Trust		
Name and address where notices should be sent: Judah A. Bey Isra'El, General Executor/Benefactor c/o 1533 Orland Street Philadelphia, Pennsylvania Republic Telephone number: email: judah194961@gmail.com 973-525-3530		COURT USE ONLY
Name and address where payment should be sent (if different from above): Telephone number: email:		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
1. Amount of Claim as of Date Case Filed: \$ _____ If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: securities per deem, car loan, mortgages, notes, bonds (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 9852	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
Amount entitled to priority: \$ _____		
<small>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

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7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☐ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: _____

Title: _____

Company: _____

Address and telephone number (if different from notice address above): _____

(Signature)

(Date)

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves, FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

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DEFINITIONS	INFORMATION
<p>Debtor A debtor is the person, corporation, or other entity that has filed a bankruptcy case.</p> <p>Creditor A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).</p> <p>Claim A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.</p> <p>Proof of Claim A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.</p> <p>Secured Claim Under 11 U.S.C. § 506 (a) A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.</p>	<p>A claim also may be secured if the creditor owes the debtor money (has a right to setoff).</p> <p>Unsecured Claim An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.</p> <p>Claim Entitled to Priority Under 11 U.S.C. § 507 (a) Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.</p> <p>Redacted A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.</p> <p>Evidence of Perfection Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.</p> <p>Acknowledgment of Filing of Claim To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.pms.uscourts.gov) for a small fee to view your filed proof of claim.</p> <p>Offers to Purchase a Claim Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 <i>et seq.</i>), and any applicable orders of the bankruptcy court.</p>

UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

In the Matter of: Case No. _____

REGINALD CUPID NOBLE-SS Corporation No. [REDACTED]

Adversary No. _____

Reginald: Noble-SS Creditor/Owner
Plaintiff

vs

REGINALD CUPID NOBLE-SS Corporation [REDACTED]
Certificate No. [REDACTED]
Defendant

Writ for Execution

Name of Address for Judgment Creditor	Amount of Judgment
Reginald: Noble	\$ Full Amount after settlement per attached
c/o 1533 Orland Street	Clerk's Fee, to be paid by Judgment Debtor
Philadelphia Pennsylvania 19126	Other Costs:
v	<u>To be paid by the Judgment Debtor</u>
Name of Judgment Debtor	Interest from _____
REGINALD NOBLE-Social Security Corporation	\$ _____
No. [REDACTED] an independent	Cost of the Writ:
Treasury-ss Postal Account	<u>\$ to be paid by the Judgment Debtor</u>
c/o Secretary of the Treasury	
The Enterprise Financial Management System	

To the United States Marshal Service for the Eastern District of Pennsylvania

You are directed to levy upon the property of the named judgment debtor to satisfy a money judgment in accordance with the attached instructions .

TO THE JUDGMENT DEBTOR:

You are notified the federal and state exemption may be available to you have a right to seek a court order releasing as exempt any property specified from the levy.

Date: _____

Clerk of the United States Bankruptcy Court

UNITED STATES MARSHAL'S RETURN

I received this writ on _____ day, in the month of _____ in the year, 20_____
And executed the same on _____

United States Marshal

By: _____
Deputy Marshal

**UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**ATTACHED INSTRUCTIONS
To be part of the writ for execution**

Time and Place where Judgment Rendered

The Judgment for this Private Bankruptcy Miscellaneous filing action was held on _____
At the following location: c/o 1533 Orland Street, Philadelphia Pennsylvania 19126-9998; and

Meeting was held between the Judgment Debtor and the Judgment Creditors to complete the Liquidation of the Social Security Corporation; and

Names and parties to the Action:

Reginald: as Alive Master-a North American-Creditor; and
Reginald: Noble as the Creditor/Owner for the Master "f" name- North American Creditor; and
Reginald: Noble- as the Private Man of Commerce "non-commercial" as a North American Creditor
Reginald: Noble as the REGINALD CUPID NOBLE- SS public corporate and commercial employee-U.S.
commercial citizen-DEBTOR
Reginald Noble- as the REGINALD NOBLE- SS Trust Indentured Trustee- DEBTOR

Names of Parties to the Judgment

Reginald: as Alive Master-a North American-Creditor; and
Reginald: Noble as the Creditor/Owner for the Master "f" name- North American Creditor; and
Reginald: Noble- as the Private Man of Commerce "non-commercial" as a North American Creditor
Reginald: Noble as the REGINALD CUPID NOBLE- SS public corporate and commercial employee-U.S.
commercial citizen-DEBTOR
Reginald Noble- as the REGINALD NOBLE- SS Trust Indentured Trustee- DEBTOR

Amount of Judgment

The amount of the judgment is for assets that are being held by the REGINALD NOBLE independent Treasury Social Security "Postal Corporate Account No. [REDACTED] as addressed in the attached form

Amount of Remaining Uncollected from Judgment:

If there is to be any items that cannot be settled then they are to be turned over to the next available settlement date:

You are hereby Ordered to Levy (Seize) the following Accounts, Cusip No. Assets, EIN' Numbers from:
The REGINALD NOBLE- Independent Treasury, Cestui Que Trust, 45-6827466, REGINALD CUPID NOBLE 202-
40-9852, Cusip No. 315918755, and to pick up all public "bankruptcy" lease documents: I.e. licenses, titles,
registrations, and other instruments to remove and settle all the public deceptive and false liens, per
corporate approval on official forms; and
The assets Delivery is to be either directly to Judah A. Bey Isra'El, CAF No. 0308-29298R General
Executor/Benefactor for REGINALD CUPID NOBLE, CESTUI QUE TRUST, at 1533 Orland Street Philadelphia
Pennsylvania 19126; and
All cost are to be paid by the Judgment Debtor therefore the United States Marshal's will add those cost/feesto
the amount to be collect items covered are all court and writ collection fees, per the Court schedule and the
United States Marshal's fees per 28 U.S.C. sect 1991, and Pursuant to Article 100 Canon 2057.
Pursuant to: all parties agree with, 11 USC section 507, (A),(8)(F)(iii), (10)(c);

PRAECIPE

**To the Judge of the Bankruptcy Court
For the Eastern District of Pennsylvania**

Case No. _____

Date of Praeipe 09/09/2016

You will release the Clerk of the Bankruptcy to comply with any Praecipies issued by the Judgment Debtor and the Judgment Creditor in the Private Bankruptcy action, as the Court is banned from any further interference in the Case per 11 USC sect 904 because the Judgment Debtor does not give consent to the Court, in addition the judgment debtor hereby renders all instruments (SS CARD and MEDICAL CARD and the total liquidation, Pursuant to, Title 11USC sub section 507 (A), (8)(F)(iii), (10)(c)

List Plaintiff's Name Below
Judgment Creditor _____ vs.

List Defendant's Name Below
Judgment Debtor _____

Reginald: Noble-SS Creditor/Owner

REGINALD NOBLE-Social Security Corporation

No. [REDACTED] an Independent Treasury-ss

Portal Account as a Public "Trust Fund" and a

Private Banking "Special Funds" Account

Any Court Case: \$ to be drawn from the Judgment Debtor's account,

REGINALD NOBLE
Signature of the Judgment Debtor

09, SEPTEMBER 2016
Date:

PRAECIPE

**To the Judge of the Bankruptcy Court
For the Eastern District of Pennsylvania**

You will issue a Writ of Execution in the case of:

List Plaintiff's Name Below

Judgment Creditor _____ vs.

List Defendant's Name Below

Judgment Debtor _____

Reginald; Noble-SS Creditor/Owner

REGINALD NOBLE-Social Security Corporation

No [REDACTED]; an Independent Treasury-ss

Portal Account as a Public "Trust Fund" and a

Private Banking "Special Funds" Account

c/o Secretary of the Treasury

Case No. _____

Judgment for all assets held in ssn. Account

[REDACTED]

Interest Rate _____ NA _____ %

Date: Interest effective from _____ NA _____

Attorney Fees: _____ NA _____

Court Cost: to be paid by the Judgment Debtor

Payment Information: Reginald; Noble
(Name of Person to Receive Payment)

1533 Orland Street
(Address)

Philadelphia Pennsylvania 19126-9998
(City, State and Zip Code)

By: Reginald; Noble
Autograph of Judgment Creditor

09 September 2016
Date:

B2070 (Form 2070) (12/15)

United States Bankruptcy Court

Eastern District Of Pennsylvania

In re

REGINALD NOBLE

Debtor*

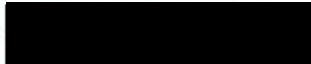
Case No. _____

Address:

Chapter _____

Last four digits of Social-Security or Individual Taxpayer-

Identification (ITIN) No(s)., (if any): **9852**

Employer Tax-Identification (EIN) No(s). (if any): 

CERTIFICATE OF RETENTION OF DEBTOR IN POSSESSION

I hereby certify that the above-named debtor continues in possession of its estate as debtor in possession, no trustee having been appointed.

Clerk of the Bankruptcy Court

Date: _____

By:

Deputy Clerk

** Set forth all names, including trade names, used by the debtor(s) within the last 8 years. For joint debtors, set forth the last four digits of both social-security numbers or individual taxpayer-identification numbers.*



OGDEN UT 84201-0046

REGINALD C NOBLE CESTUI QUE TR
JUDAH A BEY ISRAEL GNRL EXECUTOR BE
10 FRANKLIN ST
VAUXHALL NJ 07088-1008

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT
EVEN IF YOU ALSO HAVE AN INQUIRY.

the IRS address must appear in the window

BODCD-SB

04234995/9

Use for payments

Letter Number: LTR35/4C
Letter Date: 2015-04-29
Tax Period: 000000



456827466

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0046



REGINALD C NOBLE CESTUI QUE TR
JUDAH A BEY ISRAEL GNRL EXECUTOR BE

10 FRANKLIN ST
VAUXHALL NJ 07088-1008

456827466 ON NOBL DD 2 000000 670 000000000000

Date Filed: 08/18/2014
Carol Alchele
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Articles of Incorporation-Nonprofit

(15 Pa.C.S.)

- ☒ Domestic Nonprofit Corporation (§ 5306)
☐ Nonprofit Cooperative Corporation (§ 7102B)

Name Judah A.-Bey Isra'El			
Address 10 Franklin Street			
City Vauxhall, State of New Jersey	State State	Zip Code 07088-9998	

Document will be returned to the
name and address you enter to
the left.

018777
071298

Commonwealth of Pennsylvania
ARTICLES OF INCORPORATION-NON-PROFIT 3 Page(s)

Fee: \$125



T1423060019

In compliance with the requirements of the applicable provisions (relating to articles of incorporation or cooperative corporations generally), the undersigned, desiring to incorporate a nonprofit/nonprofit cooperation corporation, hereby state(s) that:

1. The name of the corporation is:
REGINALD CUPID NOBLE

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street City State Zip County
1533 Oriand Street Philadelphia, Commonwealth of Pennsylvania 19126 Philadelphia

(b) Name of Commercial Registered Office Provider County
c/o:

3. The corporation is incorporated under the Nonprofit Corporation Law of 1988 for the following purpose or purposes.

Humanitarian Projects, Arguiculture, Transportation, Education, Energy

4. The corporation does not contemplate pecuniary gain or profit, incidental or otherwise.

2014 AUG 18 AM 9:01

PA. DEPT. OF STATE

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

REGINALD CUPID NOBLE

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4288663

Judah A-Bey Isra'El
10 Franklin St
Vauxhall, NJ 07088

DSCB:15-5306/7102B-2

5. Check one of the following:

☒ The corporation is organized on a non-stock basis.

☐ Option for Nonprofit Cooperative Corporation Only: The corporation is organized on a stock share basis.

6. For Nonprofit Corporation Only:

~~Strike out if inapplicable:~~ The corporation shall have no members.

~~Strike out if inapplicable:~~ The incorporation constitutes a majority of the members of the committee authorized to incorporate: _____ by _____

~~The requisite vote required by the organic law of the association for the amendment of such organic law.~~

7. For Nonprofit Cooperative Corporation Only:

Complete and strike out the inapplicable term: The corporation is a cooperative corporation and the common bond of membership among its (members) (shareholders) is: NA

8. The name(s) and address(es) of each incorporator(s) is (are) (all incorporators must sign below):

Name(s) Address(es)
Judah A. Boy Isra'El: 10 Franklin Street Vauxhall, State of New Jersey 07088-9998

9. The specified effective date, if any, is:

month day year hour, if any

10. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation this

12 day of August

2014


Judah A. Boy Isra'El
Signature

Signature

Signature

11R 1119 28-063 651

W81

 **IRS** Department of the Treasury
Internal Revenue Service
P.O. Box 4841
Philadelphia, PA 19114-8641

603249,872392,0129,002 1 99 3,441 17

JUDAH A BEY ISRAEL



603249

IF YOU WRITE OR CALL US,
REFER TO THIS INFORMATION
Notice Number: CP-547
Date of this notice: MAY 18, 2011
Representative (CAF) Number:
0308-29298R
Help Desk Number: 1-215-516-5996
FAX Number: 1-215-516-1017

If you may write us at the address
shown at left.

WE ASSIGNED YOU A CENTRALIZED AUTHORIZATION FILE (CAF) NUMBER

We received a Form 2848, Power of Attorney and Declaration of Representative, or Form 8821, Tax Information Authorization, authorizing you to act for a taxpayer. We assigned you the permanent representative number shown above. We kept this information on a computerized Centralized Authorization File (CAF) and refer to your number as a CAF number.

Please refer to your CAF representative number when you contact us about the taxpayer's account. If you are authorized to act for more than one taxpayer, use the same CAF number when you contact us about any of their accounts. Include this CAF number with your name and address on any documents you give IRS as a representative for these taxpayers. In addition, please use this number if you submit any Forms 2848 or Forms 8821 in the future.

We will send all your representative-related correspondence to you at the address shown on this notice. You may change your address of record by notifying the new address and checking the address change box on Line 2 of Form 2848 or Form 8821.

If we erroneously assigned you more than one CAF number, please fax a copy of each CP 547 notice you received to the fax number listed at the top of this notice. The fax coversheet should describe the situation and indicate which of the multiple CAF numbers you wish to retain. Or you may contact us at the phone number shown above. If you do not indicate a preference, we will keep the earliest number issued.

If you have any questions about your CAF number or its use, please refer to Publication 216, Conference and Practice Requirements. Thank you for your cooperation.

Wiring Instructions

For the

Shield of Faith Embassy Trust

Account No.428-9603916

Routing No. 036001808

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT

PERSONAL DATA	1. LAST NAME, FIRST NAME, MIDDLE NAME NOBLE, REGINALD CUPID		2. SERVICE NUMBER B46 72 52		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS NAVY USN		5a. GRADE, RATE OR RANK SR	5b. PAY GRADE E-1	6. DATE OF BIRTH 27 MAY 71	7. DATE OF BIRTH 01 SEP 50
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) PHILADELPHIA, PENNSYLVANIA		9. DATE OF BIRTH 01 SEP 50	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 36 146 30 0455		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE #146 PHILADELPHIA, PENNSYLVANIA		11. DATE INDUCTED NA	
	12. TYPE OF TRANSFER OR DISCHARGE DISCHARGE		13. STATION OR INSTALLATION AT WHICH EFFECTED NAVAL STATION, PHILADELPHIA, PENNSYLVANIA		14. EFFECTIVE DATE 15 JUN 71	
TRANSFER OR DISCHARGE DATA	15. REASON AND AUTHORITY [REDACTED]		16. TYPE OF CERTIFICATE ISSUED REFER TO DD 215		17. REENLISTMENT CODE [REDACTED]	
	18. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS EL PASO		19. CHARACTER OF SERVICE REFER TO DD FORM 215		20. TYPE OF CERTIFICATE ISSUED REFER TO DD 215	
	21. DISTRICT, AREA, COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NOT APPLICABLE		22. DATE OF ENTRY 02 04 NOV 69		23. DATE OF ENTRY 02 04 NOV 69	
SERVICE DATA	24. TERMINAL DATE OF RESERVE/UNITED OBLIGATION NOT APPLICABLE		25. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		26. DATE OF ENTRY 02 04 NOV 69	
	27. PRIOR REGULAR ENLISTMENTS NONE		28. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC SR		29. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) PHILADELPHIA, PENNSYLVANIA	
	30. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) NONE		31. STATEMENT OF SERVICE a. CREDITABLE FOR BASIC PAY PURPOSES b. TOTAL ACTIVE SERVICE c. FOREIGN AND/OR SEA SERVICE		32. NET SERVICE THIS PERIOD 33. OTHER SERVICE 34. TOTAL (Line (b) plus Line (c)) 35. YEARS MONTHS DAYS 01 05 28 00 03 27 01 09 25 01 05 28 01 01 02	
	36. SPECIALTY NUMBER & TITLE BM/0100/0000		37. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 911		38. WATER TRANS OCCUPS WATER TRANS OCCUPS	
	39. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NATIONAL DEFENSE SERVICE MEDAL X X					
VA AND EMP. SERVICE DATA	40. NON-PAY PERIODS/TIME LOST (Preceding Two Years) EXLV: NONE TL :28MAR70 06APR70 15APR71 18MAY71		41. DAYS ACCRUED LEAVE PAID X X X X X		42. INSURANCE IN FORCE (MILITARY OR USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NA	
	43. VA CLAIM NUMBER C. X X		44. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE \$25,000		45. MONTH ALLOTMENT DISCONTINUED NA	
REMARKS	46. REMARKS HIGH SCHOOL -02-					
	47. REMARKS					
AUTHENTICATION	48. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 1533 ORLAND ST., PHILADELPHIA, PA. 19126			49. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED Reginald C. Noble		
	50. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER E. J. FOX ASS'T PERS OFF			51. SIGNATURE OF OFFICER AUTHORIZED TO SIGN E. J. Fox		

DD FORM 1 JUL 64 214N
S/N 9102-002-0200

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

2

DATE OF CORRECTION 27JUL71		CORRECTION TO DD FORM 214, ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE		DEPARTMENT, COMPONENT AND BRANCH OR CLASS USN
IDENTIFICATION DATA				
LAST NAME - FIRST NAME - MIDDLE NAME NOBLE REGINALD CUPID		SERVICE NUMBER B46 72 52	EFFECTIVE DATE OF TRANSFER OR DISCHARGE (Year, Month, Day) 15JUN71	SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County and State) #146 PHILA., PA.
HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 1533 ORLAND ST. PHILA., PA 19126		PERMANENT ADDRESS FOR MAILING GIVEN ON ORIGINAL DD FORM 214 1533 ORLAND ST. PHILA., PA. 19126		
CORRECTIONS				
THE ORIGINAL ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE (DD Form 214) FOR THE ABOVE-NAMED INDIVIDUAL IS CORRECTED AS INDICATED BELOW:				
ITEM NO.	CORRECTED TO READ			
11c	BUPERSINST 1910.22: BUPERS MAN ART. 3420220 CODE 28B CHNAVPER 221343Z OF JUN 71			
13a	UNDER HONORABLE CONDITIONS			
13b	DD257H			
26b	TEN -10-			
<p style="text-align: right;"><i>[Signature]</i> E. J. FOX ASS'T CHIEF OF STAFF BY DIR OF THE CO <small>(Signature of Authenticating Officer)</small></p>				

DD FORM 215
1 MAR 55

REPLACES EDITION OF 1 NOV 55, WHICH IS OBSOLETE AFTER 31 DEC 65.

9-29-7125

ENLISTMENT CONTRACT - ARMED FORCES OF THE UNITED STATES					Form Approved Budget Bureau No. 23-R0019	
CP (Also to be used by AFES in conjunction with induction processing as a means of providing data for manpower information reporting systems.)						
1. SERVICE NO./SSAN B46 72 52	2. HIGHEST SCHOOL GRADE COMPLETED 11	3. RATE/GRADE SR	4. BRANCH/CLASS AND COMPONENT USN	5. LAST NAME - FIRST NAME - MIDDLE NAME NOBLE REGINALD CUPID		
6. DATE OF ENL/INDUC 11 04 69	7. TERM OF ENLISTMENT/INDUC 2 YEARS <input type="checkbox"/> MINORITY		8. MARITAL STATUS S-0	9. NAME & LOCATION OF ACTIVITY EFFECTING ENLISTMENT/REENLISTMENT/INDUCTION AFES, PHILADELPHIA PA		
10. APQT SCORE 817	11. ENLISTED/REENLISTED/INDUCTED <input type="checkbox"/> 1ST ENLIST <input type="checkbox"/> REENL <input type="checkbox"/> INDUCTION		12. AUTHORITY FOR ENLISTMENT/REENLISTMENT/INDUC NAVCUITMAN ART B2202			
13. TERM OF ACQU (Reserve only) 00 MONTHS	14. ACTIVE/INACTIVE STATUS (Reserve only) <input type="checkbox"/> RETAINED ON AD <input type="checkbox"/> IMMED AD (within 24 hrs) <input type="checkbox"/> INACTIVE DUTY		15. ACCEPTED AT PHILADELPHIA PA			
16. DATE MIL OBL INC 07 07 69	17. PMOS/AFS CODE/MOD A	18. RELIGION BAPT OTH	19. SSAN 202401452	20. CONTRACT DUTY LIMITATIONS NA		
21. DATE OF BIRTH 09 01 50	22. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> NAT US <input type="checkbox"/>		23. PLACE OF BIRTH (City, state or country) PHILADELPHIA PA			
24. DATE OF TRANSFER 11 04 69	25. PHYSICAL PROFILE B		26. 411936	27. TRANSFER TO (Activity and location) NTC GREAT LAKES ILL		28. 81
29. DATE LAST DC/RAD 11 03 69	30. SVC FROM WHICH LAST DISCHARGED USNR	31. 32	32. HONORABLE	33. TYPE OF LAST DISCHARGE HONORABLE		34. 1
35. DATE OF RATE/GR NA	36. SELECTIVE SERVICE NO. 36146500455		37. RATE/GR APT/RAPI NA	38. SELECTIVE SERVICE LOCAL BD (Bd No., city & state) LB#146 PHILADELPHIA PA		
39. B ASD/ADSD 11 04 69	40. TOTAL ACTIVE FEDERAL SERVICE 00 YEARS 00 MONTHS 00 DAYS		41. HOME OF RECORD PHILADELPHIA PHILADELPHIA PA			
42. RP ED/PERD 07 07 69	43. TOTAL INACTIVE FEDERAL SERVICE NA YEARS MONTHS DAYS		44. MENTAL TEST SCORES LIT TEST 25			
45. SEX M	46. RACE NEG	47. DATA PROCESSING CODE 17 11 1 00 7 0 S36 36 E 11 0 17 0 000000				
48. IN078 AF095 FI072 GM081 MM093 CL086 GT079 308 3 00 A 2 111121						
49. PRIOR SERVICE						
BRANCH & CLASS/ARMED FORCE & COMPONENT	SERVICE NUMBER/SSAN	DATE ENL, IND, APT, AND/OR GAD	DATE OF DISCHARGE OR RELEASE	GRADE/RATE OR RANK	TYPE OF DISCHARGE	REASON FOR DISCHARGE
USNR	B46 72 52	07 07 69	11 03 69	SR	HON	ENL USN
TIME LOST (No. Days) NONE						
<p>50. I know that if I secure my enlistment by means of any false statement, willful misrepresentation or concealment as to my qualifications for enlistment, I am liable to trial by court martial or discharge for fraudulent enlistment and that, if rejected because of any disqualification known and concealed by me, I will not be furnished return transportation to place of acceptance.</p> <p>I am of the legal age to enlist. I have never deserted from and I am not a member of the Armed Forces of the United States, the US Coast Guard or any Reserve component thereof; I have never been discharged from the Armed Forces or any type of civilian employment in the United States or any other country on account of disability or through sentence of either civilian or military court unless so indicated by me in item 50, "Remarks" of this contract. I am not now drawing retired pay, a pension, disability allowance, or disability compensation from the government of the United States.</p> <p>51. SECTION 5538 OF TITLE 10 OF THE UNITED STATES CODE is quoted: "(a) The Secretary of the Navy may extend enlistments in the Regular Navy and the Regular Marine Corps in time of war or in time of national emergency declared by the President for such period as he considers necessary in the public interest. Each member whose enlistment is extended under this section shall be discharged not later than six months after the end of the war or national emergency, unless he voluntarily extends his enlistment. (b) The substance of this section shall be included in the enlistment contract of each person enlisting in the Regular Navy or Regular Marine Corps."</p> <p>52. SECTION 5540 OF TITLE 10 OF THE UNITED STATES CODE is quoted: "(a) The senior officer present afloat in foreign waters shall send to the United States by Government or other transportation as soon as possible each enlisted member of the naval service who is serving on a naval vessel, whose term of enlistment has expired, and who desires to return to the United States. However, when the senior officer present afloat considers it essential to the public interest, he may retain such a member on active duty until the vessel returns to the United States. (b) Each member retained under this section -- (1) shall be discharged not later than 30 days after his arrival in the United States; and (2) except in time of war is entitled to an increase in basic pay of 25 percent. (c) The substance of this section shall be included in the enlistment contract of each person enlisting in the naval service."</p> <p>53. I understand that, upon enlistment in a Reserve component of any of the Armed Forces of the United States, or upon transfer or assignment thereto, in time of war or National emergency declared by Congress, or when otherwise authorized by law, I may be ordered to active duty for the duration of the war or National emergency and for six months thereafter, or such other period authorized by law.</p> <p>54. I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, geographical area, schooling, special programs, assignment of government quarters, or transportation of dependents except as indicated.</p>						

DD FORM 4, 1 APR 68

REPLACES DD FORM 4, 1 AUG 68, WHICH IS OBSOLETE.